

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044668

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 254

VS 300
Rev. 4/59

10595

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465x

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) Chillicothe		c. CITY OR TOWN Braymer, Mo	
Length of stay in 1b 4 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Suzanne's Nursing Home		d. STREET ADDRESS (If outside, give location) None	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Amy Florence Miller		4. DATE OF DEATH Month Day Year 11/9/63	
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/75
9. AGE (last birthday) 88		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and state or country) Carroll County Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Fredrick Stauffer		13b. MOTHER'S MAIDEN NAME Ellen Wright	
14. NAME OF HUSBAND OR WIFE William A. Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Dr. Glenn Miller Mission Kansas	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Renal Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Massive Pulmonary Embolism DUE TO (c) Fainting		INTERVAL BETWEEN ONSET AND DEATH 36 hr. 17 hr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10-3-59 to 11-6-63 and last saw her alive on 11-6-63 Death occurred at 6:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) P. W. Matthew M.D.		22b. ADDRESS Chillicothe, Missouri	
22c. DATE SIGNED 11-14-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/12/63	23c. NAME OF CEMETERY OR CREMATORY Plymouth Cemetery	23d. LOCATION (City, town, or county) Plymouth Mo.	
24. FUNERAL DIRECTOR Mead-Pitts		25. DATE RECD. BY LOCAL REG. Nov. 15, 1963	
ADDRESS Braymer, Mo.		26. REGISTRAR'S SIGNATURE Annalee Taylor	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 18 1963

Permit not Obtained: *2*
Date handed to Dr. 11/10/63
Date rec'd from Dr. 11/15/63
Date duly signed 11/15/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John W. Pitts

Licensed Embalmer No.

5074

P. O. Address

Bryan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.